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Application Number POWER OF ATTORNEY 09/704790 Filing Date 11/3/2000 OR First Named Inventor Walter Mason Stewart REVOCATION OF POWER OF ATTORNEY Title E-MAIL VIRUS PROTECTION SYSTEM AND METHOD WITH A NEW POWER OF ATTORNEY Art Unit 2135 AND Examiner Name Paula W. Klimach CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number 098888-7882 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. I hereby appoint Practitioner(s) associated with the following Customer 23524 Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: . I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name Registration Number Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. The address associated with Customer Number: 23524 OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature < Date 16 OCT ZOIZ

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentielity is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

Telephone

Name

signature is required, see below*. *Total of

Jeanne Suchodolski

forms are submitted.

Authorized Person for Intellectual Ventures I LLC

DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(i)

I,	Jeanne Suchodolski (whose title is supplied below), hereby declare that I am	authorized to si	ign
À	comments on behalf of Intellectual Ventures I LLC.		

Jeanne Suchodolski

Authorized Person for Intellectual Ventures I LLC

SC ZEPT SOIS

Date